

REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES				
TO: NAVY EXCHANGE (UNIFORM STORE)		INSTALLATION	DATE	
REQUESTED BY (Last Name - First Name - Middle Initial. Printed or Typed)			GRADE OR RATE	
SSN	ORGANIZATION		DEPT. OR MIL. SERVICE USN	
I authorize the Confinement/Correctional Facility Commanding Officer to withdraw sufficient funds from my personal de-Posit fund account to pay for the health and comfort supplies described below. I understand that the cost of these supplies will be charged against my military pay account if the balance of my personal deposit fund account is insufficient to cover the total cost of these supplies. No charge will be made against my military pay account if I am in a nonpay and allowance status.				
QUANTITY		ARTICLE	UNIT COST	COST
Requested	Issued			
		All-Weather Coat/Raincoat, Blue		
		Bag, Duffel		
		Belt, Web, Black, W/Silver Clip		
		Belt, Web, White, W/Silver Clip		
		Buckle, Silver		
		Cap, Ball		
		Cap, Knit		
		Coveralls, poly/cotton, utility		
		Gloves, Leather, Black		
		Group Rate Mark		
		Insignia		
		Hat, White		
		Jacket, Utility, Unisex		
		Jumper, Blue Dress		
		Jumper, White Dress		
		Neckerchief		
		Necktie, Black		
		Overcoat, Mel,WI, BI P-coat		
		Shirt, Cot/Poly, SS Wh		
		Shirt Utility LS		
		Shirt, Poly/WI, LS, BI(wash)		
		Shoes, Dress Black		
		Shoes, Safety Chukka		
		Sweater, Wool/Modacrylic, BI		
		Trouser, BI, Srg.,Broadfall		
		Trousers, Poly/Wool, BI,(wash)		
		Trousers, Tw, Ctn/poly, Wh		
		Trousers, Utility		
		Trousers, (CNT) Wh		
		PT Shorts or Sweats		
REQUESTED BY (Signature)			TOTAL COST	
APPROVAL AND AUTHENTICATION				
(Printed or Typed) BY DIRECTIONAL AUTHORITY		SIGNATURE OF APPROVING OFFICER		
I acknowledge receipt of the issued Health and comfort articles costing Cents. Dollars		DATE SIGNATURE		

FORM

PREVIOUS EDITION MAY BE USED UNTIL EXHAUSTED.

REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES				
TO: NAVY EXCHANGE (NEX STORE)		INSTALLATION		DATE
REQUESTED BY (Last Name - First Name - Middle Initial. Printed or Typed)				GRADE OR RATE
SSN	ORGANIZATION			DEPT. OR MIL. SERVICE USN
<p>I authorize the Confinement/Correctional Facility Commanding Officer to withdraw sufficient funds from my personal deposit fund account to pay for the health and comfort supplies described below. I understand that the cost of these supplies will be charged against my military pay account if the balance of my personal deposit fund account is insufficient to cover the total cost of these supplies. No charge will be made against my military pay account if I am in a nonpay and allowance status.</p>				
QUANTITY		ARTICLE	UNIT COST	COST
Requested	Issued			
		Undershirts, Ctn Wh		
		Undershorts, Ctn, Wh		
		Razor/Blades/Shaving cream		
		Soap/Soapdish		
		Deodorant		
		Toothbrush/Toothbrush holder/Toothpaste		
		Shampoo (Plastic Btl)		
		Detergent, Laundry, Powder		
		Comb, Plastic 5" Max		
		Polish, Shoe, Blk, Kit		
		Shoes, Shower		
		Shoes, Tennis		
		Socks, Cotton/Nylon, Black		
		Socks, Wl, Bl, Cush Sole		
		Wash Cloth, White		
		Towel, Bath, White		
		Padlock with two keys		
		Socks, Black		
		Haircut		
		Tailoring		
REQUESTED BY (Signature)			TOTAL COST	
APPROVAL AND AUTHENTICATION				
(Printed or Typed)		SIGNATURE OF APPROVING OFFICER		
BY DIRECTIONAL AUTHORITY				
I acknowledge receipt of the issued	DATE	SIGNATURE		
Health and comfort articles costing				
Cents. Dollars				